

PROFESSIONAL LAND SURVEYOR-IN-TRAINING CHARACTER REFERENCE FORM
Tennessee Board of Examiners for Land Surveyors

TO:

RE: _____
(Applicant's Name)

Dear Sir or Madam:

The individual whose name is given above has applied to this board for enrollment as a Professional Land Surveyor-in-Training in the state of Tennessee under TCA 62-18-109(b)(1)(C) of the licensure law which requires a an applicant to submit three character references, one of whom is a professional land surveyor. The applicant named above has either given your name as a reference or has stated that he/she has worked for or with you. Except for the amount of verified experience, the information will remain confidential within this board. Please reply to the following inquiries and return this form directly to the board office as soon as possible as the application cannot be acted upon by the board until we receive your response.

Sincerely,

TENNESSEE BOARD OF EXAMINERS
FOR LAND SURVEYORS

1. Are you a licensed professional surveyor? _____ If yes, State _____ Lic. # _____

2. How well do you know the applicant? ☐ very well ☐ slightly ☐ not at all

3. List months and years of contact(s) with the applicant: _____ to _____
Mo. & Yr. Mo. & Yr.

4. Basis of contact: ☐ as applicant's PS supervisor ☐ as applicant's associate ☐ other _____

If you are (were) the applicant's PS supervisor, please complete the entire form. If you are (were) not the applicant's PS supervisor, please complete only items 5 and 8.

5. What is your opinion of the applicant's personal integrity and general character? _____

6. The experience I am verifying is (was): ☐ full time ☐ part time If part time, how many hours per week? _____

7. According to the definition of surveying, how much experience does the applicant have in: Years Months

Boundary	_____	_____
Topographic	_____	_____
Construction	_____	_____
Other	_____	_____

Total Amount of Experience you are verifying _____

8. Do you recommend the applicant for Professional Land Surveyor in Training enrollment? ☐ Yes ☐ No

Signature _____

Name _____

PS Seal

Address _____

City _____ State _____ Zip _____